

Table 2.4
Maryland Cancer-Related Database Summary: Databases That Can Be Used for Cancer Surveillance

Database/System Contact Phone No. Website for Reports and/or Data	Main Purpose	Demographic and Geographic Coverage	Years of Available Data	Data Availability	Examples of Data Collected	Comparability with U.S. and Other State Reports on Cancer Outcomes	Notes/ Limitations
MD Cancer Registry DHMH, Family Health Administration, Center for Cancer Surveillance and Control 410-767-5521 www.fha.state.md.us	To register cancer incidence among Maryland residents	All Maryland residents; age, race/ethnicity, date of diagnosis, county of residence	1992–2001	Aggregate data available; release of county or case-based data requires approval by the DHMH Institutional Review Board	Cancer site, stage; patient's age at diagnosis, race, sex, county of residence	NAACCR contributors, other states, Canada, Mexico, SEER on basic cancer measures	No information on survival status; limited detail on stage of cancer, occupation, and other risk factors (smoking, screening)
MD Behavioral Risk Factor Surveillance System (BRFSS) DHMH, Family Health Administration, Center for Prevention Health Services 410-767-5159 www.marylandbrfss.org ; www.cdc.gov/brfss	To collect population-based behavioral health data about chronic diseases, injuries, and preventive health services that contribute to premature morbidity or mortality	4,400 telephone surveys from MD, English-speaking adults aged 18 and over; stratified sample based on urban or rural telephone prefix/exchange; age, race, ethnicity, sex, marital status, education, employment, income, county of residence	1988–2001	User-generated reports available on MD DHMH website for estimates where the sample is >50 surveys; user-generated reports available on CDC website, statewide only; CD-ROM data available for 1990–2001 from CDC	MD residents aged 40 and over who have had a colonoscopy within the past 2 years; mammography, exercise, nutrition, and overweight	National and other state BRFSS studies, Maryland Cancer Survey, Oral Cancer Survey, and Maryland Statewide Health Network Survey	Annual data not available for some counties; no data on non-English speaking residents; self-reported data and refusals to answer the survey or parts of it; non-coverage due to households without phones; estimates based on sample sizes <50 should be interpreted with caution
MD Cancer Survey (MCS) DHMH, Family Health Administration, Center for Cancer Surveillance and Control 410-767-0791 Website: www.fha.state.md.us/cancer/pdf/MCS_Report_2002-V3.pdf	To collect population-based behavioral and health data related to cancer surveillance and screening practices	5,000 telephone surveys from MD, English-speaking adults aged 40 and over; stratified sample based on urban or rural telephone prefix/exchanges; same demographics as BRFSS	2002	Report available at website; data use policy being developed	MD residents aged 40 and over who have undergone cancer screening; similar to BRFSS	National and state BRFSS, Oral Cancer Survey, and MD Statewide Health Network Survey	Persons <40 years old not captured; no data on non-English speaking residents; self-reported data and refusals to answer the survey or parts of it; non-coverage due to households without phones; estimates based on sample sizes <50 should be interpreted with caution

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MD Vital Statistics Administration 410-767-5950 www.mdpublichealth.org/vsa	To administer birth/death certification and summarize mortality statistics for administrative and public health use	All births/deaths among Maryland residents; year of death, place, data and age at death, place of birth, race, ethnicity, sex, cause(s) of death	Data files: 1970 to present; vital statistics reports: 1960 to present	Aggregate and county level data available upon request; release of single-record data requires DHMH Institutional Review Board approval; public-use data available through CDC	Age, race, Hispanic origin, sex, marital status, education, occupation, residence, place of death, cause of death, manner of death	National Vital Statistics System (NVSS) collected by the National Center for Health Statistics (NCHS); standards set by NCHS	Verification of cause of death information is not possible; lack of automated death registration delays public health analysis
MD Adult Tobacco Survey (MATS) and MD Youth Tobacco Survey (MYTS) DHMH, Family Health Administration/ Office of Health Promotion, Education and Tobacco-Use Prevention 410-767-1362 www.fha.state.md.us/crfp/html/stats.cfm	To collect behavioral, lifestyle, and other data supporting CRF's Tobacco-Use Prevention and Cessation Program	MATS: 16,596 telephone surveys from MD, English-speaking adults aged 18 and over; sample stratified by jurisdiction MYTS: 55,967 middle and high school-based surveys; 2-stage cluster sample generated for each jurisdiction	MATS: 2000 MYTS: 2000 and 2002	September 1st of each year for prior year; Data Use Policy is in development; county level data are available	Prevalence of tobacco use (all tobacco products); tobacco cessation; attitudes, knowledge about tobacco use, social context, and exposure to second-hand smoke	MATS: BRFSS MYTS: National Youth Tobacco Survey (NYTS) and youth tobacco surveys in other states	Some minority populations may be under-represented; MATS: No data on non-English speaking residents; self-reported data and refusals to answer the survey or parts of it; non-coverage due to households without phones MYTS: Excludes school dropouts, students whose parents refused to let them participate, and those who were absent during survey
MD Hospital Discharge Database DHMH, MD Health Care Commission, HSCRC 410-764-2605 www.hscrc.state.md.us	To provide a standard set of data about each hospital discharge or ambulatory care visit; hospital rate setting	Patients served by Maryland's 66 general hospitals, not including specialty hospitals (e.g., chronic care)	Data files: 1980 to present Electronic files: 1996 to present	Confidential and unidentified formats available; hospital and patient's jurisdiction are captured; out-of-state patients are normally excluded from analysis	Discharges include ICD-9* codes for primary, secondary diagnosis and CPT** codes of procedures or procedures due to cancers listed as the primary diagnosis, by jurisdiction of residence or hospital	National Hospital Discharge Survey (NHDS) collected by the National Center for Health Statistics (NCHS) and other states' hospital discharge databases	Does not assure that cancer is captured if cancer is not listed as one of discharged diagnoses

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MD Medical Care Database DHMH, MD Health Care Commission, Data Systems & Analysis 410-764-3570 www.mhcc.state.md.us/database/_database.htm	To support policy decision making; health options, health market, and cost and utilization patterns	Practitioner fee-for-service encounters and prescription drug coverage among MD residents privately insured or insured through HMOs	1996–2001	Detailed data available down to zip code and county level; patient ID is encrypted; data available 1 year after collected	Coverage type, claim-related conditions, diagnosis code, procedure code, reimbursement amount	Medical care items are often compared with SEER data; this system does not encompass entire Maryland population	Excludes services provided for self-pay, Medicaid, and uninsured populations; excludes MD residents who work out of state, are self-insured, or insured through self-funded employers; does not include institutional bills; data for HMOs excludes primary encounters; rates not available due to lack of population denominators
MD Oral Cancer Survey DHMH, Family Health Administration, Office of Oral Health 410-767-5736	To collect knowledge and behavioral data relating to oral cancer risk factors, signs, symptoms, and dental health screening exams	1,127 telephone surveys from MD, English-speaking adults aged 18 and over; over sampling of African-American men; age, race, ethnicity, sex, status, education	First survey: September 2002	Data available approximately 6 months from end of collection; data-use policy is pending; county-level data is not available	MD residents aged 18 and over who have undergone oral cancer exams in the past year	Some comparability to BRFSS and MCS	No data on non-English speaking residents; self-reported data and refusals to answer the survey or parts of it; non-coverage due to households without phones; estimates based on samples <50 should be interpreted with caution; county- and region-specific data not available

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MD Statewide Health Network (MSHN) Baseline Survey University of Maryland, School of Medicine, Office of Policy and Planning 410-706-1742	To examine health attitudes, knowledge, and practices of MD residents in three regions (Baltimore City, Western MD, and the Eastern Shore)	Approximately 500 interviews per county among English-speaking MD adults aged 18 and over; general demographic information	First survey; ongoing as of July 2003	Data-use policy in development; internal data use with strict discretion; lag time from collection to dissemination TBD	Knowledge, attitudes, and practices relating to health behaviors; insurance, preventive services for lung, skin, breast, colon, prostate, cervical, and oral cancers; other tobacco-related diseases, CVD, (hypertension, stroke)	Some comparability to BRFSS and the Commonwealth Fund	Only includes data from selected jurisdictions in the state
Maryland Medicaid Management Information Systems II DHMH, Medical Care Programs, Medicaid Operations, Data Management & Analysis, Office of Planning & Finance 410-767-5683	To collect medical, administrative, and billing information to monitor financial transactions for Medicaid recipients	Maryland Medicaid recipients	1995–2002 (earlier years available)	Aggregate data available on request; release of identifiable data requires DHMH Institutional Review Board approval; county level data is available	Demographics, disease prevalence (ICD-9*); treatment (e.g., inpatient, outpatient, hospital, physician) by procedure code	Compares with national and state Medicaid administrative databases	Does not specify whether the diagnoses listed are suspected and being ruled out or are confirmed

*ICD-9 refers to the American Medical Association's *International Classification of Diseases*.

**CPT refers to the American Medical Association's *Current Procedural Terminology*.

National Cancer-Related Surveillance Systems

Database/System	Website	Focus
National Cancer Institute		Incidence, mortality, cancer prevalence, and reports
■ Surveillance, Epidemiology, and End Results (SEER)	www.seer.cancer.gov/publications	
■ Wonder	http://wonder.cdc.gov	
■ State Cancer Profiles	www.statecancerprofiles.cancer.gov	
Centers for Disease Control and Prevention		Incidence; incidence and mortality
■ National Program of Cancer Registries	www.cdc.gov/cancer/npcr	
■ State/Territory Cancer Data	www.cdc.gov/cancer/dbdata.htm	
National Center for Health Statistics (NCHS)		
■ National Health Interview Survey (NHIS)	www.cdc.gov/nchs/nhis.htm	41,000 household interviews annually on health behaviors, chronic conditions, health care coverage and use, and health status and limitations; periodic modules include: cancer, HP2010, diabetes
■ National Health and Nutrition Examination Survey (NHANES)	www.cdc.gov/nchs/nhanes.htm	Health and nutritional status of adults and children in the U.S.; examples of data include: disease or condition prevalence, risk factors, nutrition monitoring, growth and development, disease monitoring
■ National Vital Statistics System (NVSS)	www.cdc.gov/nchs/nvss.htm	Death rates
■ CDC WONDER	http://wonder.cdc.gov	Death rates
Other		Incidence and mortality, cancer facts and figures, reports from 1997-2002 by state; various environmental databases
■ American Cancer Society (ACS)	www.cancer.org/docroot/home/index.asp	
■ Environmental Protection Agency	www.epa.gov (search for databases)	